

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024715

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6209

FILED JUL 2 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Lutheran Hospital

Inside Limits

Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

Mo.

b. COUNTY

c. CITY
OR
TOWN

St. Louis

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

5450 Itaska St.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

HENRY

Middle

P.

Last

HAXEL

4. DATE
OF
DEATH

Month

June

Day

20

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐Widowed ☒Never Married ☐Divorced ☐

8. DATE OF BIRTH

4-16-1887

9. AGE (last birthday)

75

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pressman (Retired)

10b. KIND OF BUSINESS OR INDUSTRY

St. Louis Post Dispatch

11. BIRTHPLACE (City and state or country)

Quincy, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Haxel

13b. MOTHER'S MAIDEN NAME

Unknown Schnellbecker

14. NAME OF HUSBAND OR WIFE

Late Anna E. Haxel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

(If yes, give war or dates of ser

None

NO.

A

17. INFORMANT

Address

Woodrow J. Haxel 3004 S. Compton Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

BRONCHOPNEUMONIA, BILATERAL

INTERVAL BETWEEN ONSET AND DEATH

3 DAYS

DUE TO (b)

CHRONIC NEPHRITIS WITH UREMIA

5 DAYS

DUE TO (c)

SEVERE GOUT, ARTERIO SCLEROSIS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

FRACTURE, SURGICAL NECK, RIGHT HUMERUS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

FELL ON RET DRIVEWAY ON RIGHT SHOULDER

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

6-8-62

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

HOME

14

20f. CITY, TOWN, OR LOCATION

St. Louis

MO

COUNTY

STATE

21. I attended the deceased from

6-9-62

to 6-20-62

and last saw him alive on

6-20-62

Death occurred at 12 Noon

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frederick W. Klinge, M.D.

22b. ADDRESS

6500 Chippewa, St. Louis 9, Mo.

22c. DATE SIGNED

6-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

June 23, 1962

23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.

JUN 22 1962

26. REGISTRAR'S SIGNATURE

Robert Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. W. Stovesand

Licensed Embalmer No. 4007

P. O. Address St. Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.